

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

L PAC

ADDRESS (number and street)

409 7th Street, N.W.

Suite #350

☒ Check if different than previously reported. (ACC)

WASHINGTON

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00519413

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☒ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
04 01 2014

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ALIX RITCHIE

Signature of Treasurer

ALIX RITCHIE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 15 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

L PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
04		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2014</td></tr></table>	Y	Y	Y	Y	Y	2014						<table><tr><td colspan="5">63712.25</td></tr></table>	63712.25				
Y	Y	Y	Y	Y													
2014																	
63712.25																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">316798.98</td></tr></table>	316798.98															
316798.98																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">57756.00</td></tr></table>	57756.00					<table><tr><td colspan="5">382173.58</td></tr></table>	382173.58									
57756.00																	
382173.58																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">374554.98</td></tr></table>	374554.98					<table><tr><td colspan="5">445885.83</td></tr></table>	445885.83									
374554.98																	
445885.83																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">89402.67</td></tr></table>	89402.67					<table><tr><td colspan="5">160733.52</td></tr></table>	160733.52									
89402.67																	
160733.52																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">285152.31</td></tr></table>	285152.31					<table><tr><td colspan="5">285152.31</td></tr></table>	285152.31									
285152.31																	
285152.31																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

L PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
04		01		2014

To:

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1500.00

8000.00

(ii) Unitemized .....

125.00

164.58

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

1625.00

8164.58

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

1625.00

8164.58

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

56131.00

374009.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ..... ▶

57756.00

382173.58

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

57756.00

382173.58

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	66.20	66.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	66.20	66.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	89336.47	160667.32
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	89402.67	160733.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	89402.67	160733.52

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1625.00	8164.58
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1625.00	8164.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	66.20	66.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	66.20	66.20

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 24  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Elizabeth McKnight**

Mailing Address 1766 W. Thorndale Ave

City State Zip Code  
 Chicago IL 60660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alliance of Chicago

Occupation

Health Informatics Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

Transaction ID : SA11AI.7420

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Urvashi Vaid**

Mailing Address 230 West End Ave  
 #10C

City State Zip Code  
 New York NY 10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbia Law School

Occupation

Attorney/Scholar

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

Transaction ID : SA11AI.7421

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 24

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

## **A. Tess Ayers**

Mailing Address 21700 Oxnard Street Suite 2030

City State Zip Code  
 Woodland Hills CA 91367

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Self

Producer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**05 / 27 / 2014**

**Transaction ID : SA17.7438**

Amount of Each Receipt this Period

250.00

Contribution to IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Barbara Bostian**

Mailing Address 12723 Bluebell Ave

City State Zip Code  
 Huntley IL 60142

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**05 / 30 / 2014**

**Transaction ID : SA17.7439**

Amount of Each Receipt this Period

500.00

Contribution to IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Kate Clinton**

Mailing Address 230 West End Ave Apt 10c

City State Zip Code  
 New York NY 10023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Self

Comedian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**06 / 26 / 2014**

**Transaction ID : SA17.7475**

Amount of Each Receipt this Period

2500.00

Contribution to IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 24  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Mary Etrick**

Mailing Address 409 w Ridgemont Rd

City State Zip Code  
Peoria IL 61614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

PNC Bank

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

**Transaction ID : SA17.7503**

Amount of Each Receipt this Period

400.00

Contribution to IE Only Account

Full Name (Last, First, Middle Initial)

**B. Joanne Herman**

Mailing Address 10 Nouvelle Way, Unit S909

City State Zip Code  
Natick MA 01760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2014

**Transaction ID : SA17.7431**

Amount of Each Receipt this Period

500.00

Contribution to IE Only Account

Full Name (Last, First, Middle Initial)

**C. Gretchen Hoover**

Mailing Address P.O. Box 1087

City State Zip Code  
Rhineland WI 54501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

None

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2014

**Transaction ID : SA17.7465**

Amount of Each Receipt this Period

2500.00

Contribution to IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3400.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 24  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

## **A. Swanee Hunt**

Mailing Address 168 Brattle Street

City State Zip Code  
 Cambridge MA 02138

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Self

Philanthropy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

**05 / 27 / 2014**

**Transaction ID : SA17.7437**

Amount of Each Receipt this Period

30000.00

Contribution to IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Linda Hyland**

Mailing Address 10 Bowdoin St. Unit 20

City State Zip Code  
 Boston MA 02114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Brigham and Women's Hospital

Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 27 / 2014**

**Transaction ID : SA17.7482**

Amount of Each Receipt this Period

250.00

Contribution to IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Megan Lanham**

Mailing Address 17 Risley Rd

City State Zip Code  
 Chestnut Hill MA 02467

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Pharma Logics Recruiting

Global Head of Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**04 / 04 / 2014**

**Transaction ID : SA17.7382**

Amount of Each Receipt this Period

250.00

Contribution to IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 10 OF 24

☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

## **A. Noemi Masliah**

Mailing Address 16 West 16th Street #9SN

City  
New York

State Zip Code  
NY 10011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Masliah & Soloway, PC

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

**06 / 27 / 2014**

**Transaction ID : SA17.7477**

Amount of Each Receipt this Period

100.00

Contribution to IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Natalie Moss**

Mailing Address 112 London Circle South

City  
Rehoboth Beach

State Zip Code  
DE 19971

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 27 / 2014**

**Transaction ID : SA17.7497**

Amount of Each Receipt this Period

250.00

Contribution to IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Deborah Paine**

Mailing Address P.O. Box 272

City  
Provincetown

State Zip Code  
MA 02657

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**04 / 11 / 2014**

**Transaction ID : SA17.7385**

Amount of Each Receipt this Period

100.00

Contribution to IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 24

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

## **A. Deborah Paine**

Mailing Address P.O. Box 272

City

Provincetown

State

MA

Zip Code

02657

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

**05 / 11 / 2014**

**Transaction ID : SA17.7407**

Amount of Each Receipt this Period

100.00

Contribution to IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Dorothy Sander**

Mailing Address 2500 E. Las Olas Blvd.

City

FT. Lauderdale

State

FL

Zip Code

33301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Self

Occupation

Investor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

**04 / 18 / 2014**

**Transaction ID : SA17.7386**

Amount of Each Receipt this Period

100.00

Contribution to IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Dorothy Sander**

Mailing Address 2500 E. Las Olas Blvd.

City

FT. Lauderdale

State

FL

Zip Code

33301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Self

Occupation

Investor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**05 / 18 / 2014**

**Transaction ID : SA17.7410**

Amount of Each Receipt this Period

100.00

Contribution to IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

## **A. Dorothy Sander**

Mailing Address 2500 E. Las Olas Blvd.

City State Zip Code  
 FT. Lauderdale FL 33301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Self

Occupation

Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

**06 / 18 / 2014**

**Transaction ID : SA17.7464**

Amount of Each Receipt this Period

100.00

Contribution to IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Naomi Sobel**

Mailing Address 7 Holyoke Road #2

City State Zip Code  
 Somerville MA 02144

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Astraea Lesbian Found. for Jus

Occupation

Fundraising

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

**06 / 27 / 2014**

**Transaction ID : SA17.7493**

Amount of Each Receipt this Period

3600.00

Contribution to IE Only Account

Full Name (Last, First, Middle Initial)

## **C. Joy Tomchin**

Mailing Address 252 Seventh Ave  
 apt 15d

City State Zip Code  
 New York NY 10001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Self

Occupation

Real Estate Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

**05 / 09 / 2014**

**Transaction ID : SA17.7406**

Amount of Each Receipt this Period

10000.00

Contribution to IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

13700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 24

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Urvashi Vaid**

Mailing Address 230 West End Ave  
#10C

City State Zip Code  
New York NY 10023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Columbia Law School

Occupation

Attorney/Scholar

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8500.00

Date of Receipt

**06 / 25 / 2014**

**Transaction ID : SA17.7471**

Amount of Each Receipt this Period

2500.00

Contribution to IE Only Account

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

54100.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address PO Box 8999

City	State	Zip Code
San Francisco	CA	94128

Purpose of Disbursement  
Credit Card Processing Fee - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2014

**Transaction ID : SB29.7402**

Amount of Each Disbursement this Period

41.85
-------

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address PO Box 8999

City	State	Zip Code
San Francisco	CA	94128

Purpose of Disbursement  
Credit Card Processing Fee- IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		03		2014

**Transaction ID : SB29.7442**

Amount of Each Disbursement this Period

43.80
-------

Full Name (Last, First, Middle Initial)

**C. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement  
Bank Fee - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		01		2014

**Transaction ID : SB29.7389**

Amount of Each Disbursement this Period

25.00
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

110.65
--------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement  
Credit Card Processing Fee - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2014

**Transaction ID : SB29.7391**

Amount of Each Disbursement this Period

116.46
--------

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement  
Bank Fee - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

**Transaction ID : SB29.7392**

Amount of Each Disbursement this Period

15.00
-------

Full Name (Last, First, Middle Initial)

**C. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement  
Bank Fee - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

**Transaction ID : SB29.7396**

Amount of Each Disbursement this Period

25.00
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

156.46
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<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

L PAC

### A. BANK OF AMERICA

Category/  
Type

## B. BANK OF AMERICA

Category/  
Type

Question	Percentage of people who do not know the correct answer
1	46.40
2	38.40
3	36.40
4	34.40
5	32.40
6	30.40
7	28.40
8	26.40
9	24.40
10	22.40
11	20.40
12	18.40
13	16.40
14	14.40
15	12.40
16	10.40
17	8.40
18	6.40
19	4.40
20	2.40
21	0.40

### C. BANK OF AMERICA

MM / DD / YYYY

05 / 07 / 2014

Category/  
Type

86.40



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement  
Credit Card Processing Fee - IE Only Acct.

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		03		2014

**Transaction ID : SB29.7441**

Amount of Each Disbursement this Period

367.95
--------

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement  
Bank Fee - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		03		2014

**Transaction ID : SB29.7443**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**C. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement  
Bank Fee - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		06		2014

**Transaction ID : SB29.7445**

Amount of Each Disbursement this Period

15.00
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

407.95
--------

--

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

L PAC

### A. BANK OF AMERICA

Date of Disbursement

Transaction ID : SB29.7449

Category/  
Type

Amount of Each Disbursement this Period

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

## B. BANK OF AMERICA

Transaction ID : SB29.7455

Amount of Each Disbursement this Period

Category/  
Type

Amount of Each Disbursement this Period

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

### C. BANK OF AMERICA

Transaction ID : SB29.7457

Amount of Each Disbursement this Period

Category/  
Type

Amount of Each Disbursement this Period

25.00

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

75.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Civitas Public Affairs**

Mailing Address 601 13th Street, NW

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
Strategic Consulting - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		01		2014

Transaction ID : SB29.7388

Amount of Each Disbursement this Period

20000.00
----------

Full Name (Last, First, Middle Initial)

**B. Civitas Public Affairs**

Mailing Address 601 13th Street, NW

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
Strategic Consulting- IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2014

Transaction ID : SB29.7400

Amount of Each Disbursement this Period

21264.85
----------

Full Name (Last, First, Middle Initial)

**C. Civitas Public Affairs**

Mailing Address 601 13th Street, NW

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
Strategic Consulting - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

Transaction ID : SB29.7450

Amount of Each Disbursement this Period

21000.00
----------

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

62264.85
----------

--

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

L PAC

### A. Civitas Public Affairs

Mailing Address 601 13th Street, NW

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
Travel Expense - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '06' with two squares above it. The second display shows '11' with two squares above it. The third display shows '2014' with four squares above it.

Transaction ID : SB29.7451

Amount of Each Disbursement this Period

646.10

Full Name (Last, First, Middle Initial)

### B. Civitas Public Affairs

Mailing Address 601 13th Street, NW

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
Travel Expense - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB29.7456

Amount of Each Disbursement this Period

1204.96

Full Name (Last, First, Middle Initial)

### C. Collective Conscience, LLC

Mailing Address 7254 Hollywood Blvd., #1

City	State	Zip Code
Los Angeles	CA	90046

Purpose of Disbursement
Recruitment - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement



Transaction ID : SB29.7399

Amount of Each Disbursement this Period

3750.00

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5601.06

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

L PAC

### A. Collective Conscience, LLC

Mailing Address 7254 Hollywood Blvd., #1

City	State	Zip Code
Los Angeles	CA	90046

Purpose of Disbursement	Fundraising Consulting- IE Only Account
-------------------------	---

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement



Transaction ID : SB29.7440

Amount of Each Disbursement this Period

8750.00

Full Name (Last, First, Middle Initial)

### B. Maria L Galdo

Mailing Address 7002 Cold Spring Lane

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement	
Accounting Services - IE Only Account	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB29.7394

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Harmon, Curran, Spielberg & Eisenberg, LLC**

Mailing Address 1726 M Street, NW. #600

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
Legal Fee - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB29.7430

Amount of Each Disbursement this Period

237.60

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

10487.60

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

L PAC

### A. Michaud for Maine

Mailing Address P. O. Box #1590

City	State	Zip Code
Portland	ME	04104

Purpose of Disbursement	
Contribution - IE Only Account	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: ME

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB29.7448

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. National Council of la Raza ( NCLR)**

Mailing Address 1126 16th Street, N.W. #500

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
Contribution - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB29.7454

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	25.00
25-34	20.00
35-44	15.00
45-54	10.00
55-64	8.00
65-74	6.00
75-84	4.00
85+	2.00

Full Name (Last, First, Middle Initial)

C. New Partners Consulting, Inc.

Mailing Address 1250 Eye Street, N.W., #200

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
Strategic Consulting - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

05 / 22 / 2014

Transaction ID : SB29.7429

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Salsa Labs**

Mailing Address PO Box 674533

City	State	Zip Code
Detroit	MI	48267

Purpose of Disbursement  
Web - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		08		2014

**Transaction ID : SB29.7393**

Amount of Each Disbursement this Period

850.00
--------

Full Name (Last, First, Middle Initial)

**B. Salsa Labs**

Mailing Address PO Box 674533

City	State	Zip Code
Detroit	MI	48267

Purpose of Disbursement  
Web - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

**Transaction ID : SB29.7404**

Amount of Each Disbursement this Period

850.00
--------

Full Name (Last, First, Middle Initial)

**C. Salsa Labs**

Mailing Address PO Box 674533

City	State	Zip Code
Detroit	MI	48267

Purpose of Disbursement  
Web - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		06		2014

**Transaction ID : SB29.7444**

Amount of Each Disbursement this Period

850.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2550.00
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

L PAC

**A. Sandler, Reiff, Young & Lamb, PC**

Date of Disbursement

Mailing Address 1025 Vermont Ave., NW  
Suite 300

City	State	Zip Code
Washington	DC	20005

Transaction ID : SB29.7395

Purpose of Disbursement	
Legal Fee - IE Only Account	

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

555.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
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### Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

555.00

**TOTAL** This Period (last page this line number only).....

89294.97